

Natural Gas Well Completion Two Day Notification

E-mail to: DEPOilandGasSector@wv.gov

New Source Performance Standards for Crude Oil and Natural Gas Production,
Transmission and Distribution "NSPS 0000"

SECTION I: GENERAL INFORMATION

Energy Corporation of America

Owner or Operator Name

Division of Air Quality ID Number (If Available)

501 56th St. S.E.

Street Address

Charleston

WV

25304

City

State

ZIP Code

Chad Perkins cperkins@energycorporationofamerica.com 304-925-6100

Facility Local Contact Name

E-Mail

Telephone Number

Chad K. Perkins

10/31/2013.

Signature

Date

SECTION II: SOURCE DESCRIPTION

1. Please check the proposed well flowback compliance option:

☒ Route flowback gas to a completion combustion device

☐ Use on-site as a fuel source;

☐ Reinject into the well or another well

☒ Route flowback gas to a salable gas pipeline

☐ Other _____

2. Please complete the table below for each affected source per §60.5365.

API Number	Farm Name and Well Number	Latitude & Longitude Coordinates	Planned date of the beginning of "Flowback"	Anticipated date of well completion
47-021-05451	Farm Name: Morris, I.L. Well Number: Fulton 18-H	38° 57'22.496"N 80° 48'35.756"W	11/15/13	11/11/13

[Add rows to the table for additional wells, as necessary]